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CONFIRMATION NO. 5528

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/772,557   | <b>FILING OR 371(c) DATE</b><br>02/05/2004<br><b>RULE</b>   | <b>CLASS</b><br>384               | <b>GROUP ART UNIT</b><br>3682   | <b>ATTORNEY DOCKET NO.</b><br>26333.958 |
| <b>APPLICANTS</b><br>Herve H. Dourlens, Manne-villette, FRANCE;<br>Dale F. Marshall, Le Havre, FRANCE;<br>Philippe Auber, Le Havre, FRANCE;  |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/137,767 05/02/2002 PAT 7,066,653 which is a CIP of 09/970,319 10/03/2001 PAT 6,637,942  |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 05/03/2004  |   |                                   |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>7/07</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>15               |
|  |   |                                   |   | <b>INDEPENDENT CLAIMS</b><br>2          |
| <b>ADDRESS</b><br>23409  |   |                                   |   |   |
| <b>TITLE</b><br>Bearing assembly and method  |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>970  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |